

Political Organization Notice of Section 527 Status

OMB No. 1545-1693

Part I General Information

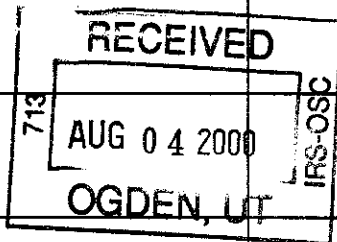
| | | |
|--|--|--|
| 1 Name of organization California Workers' Compensation Defense Attorneys' PAC | | Employer identification number 94 3201592 |
| 2 Mailing address (P.O. Box or number, street, and room or suite number) 1127-11th Street, Suite 300 | | |
| City or town, state, and ZIP code Sacramento, CA 95814 | | |
| 3 E-mail address of organization | | |
| 4a Name of custodian of records J. Richard Eichman | 4b Custodian's address 1127-11th Street, Suite 300 Sacramento, CA 95814 | |
| 5a Name of contact person J. Richard Eichman | 5b Contact person's address 1127-11th Street, Suite 300 Sacramento, CA 95814 | |
| 6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number | | |
| City or town, state, and ZIP code | | |

Part II Purpose

7 Describe the purpose of the organization
To support or oppose candidates

Part III List of All Related Entities (see instructions)

| 8a Name of related entity | 8b Relationship | 8c Address |
|--|-----------------|---|
| California Workers' Compensation Defense Attorneys' Assn | Sponsor | 8483 North Millbrook, Suite 110 Fresno, CA 93720 |
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Part IV List of All Officers, Directors, and Highly Compensated Employees (see instructions)

[illegible]

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign
Here**

Signature of authorized official

July 31, 2000

Date _____



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Form 8871 (7-2000)